CAMPAIGN CONTRIBU	TONS AND EXPEN	ISES REPORT	State	e of Nevada
Mailing Addiess (include city and zip code)	Office (if applicable	- 1ecs		)istrict (if applicable)
E-Mail Address	jas 100	89121-	Telephone No.	26-3656
Select Appropriate Box(es) (T) CANDIDA				
_		OL PRTY IND EXP A	MENDED AN	INUAL FILING
Annual Filing - Due Period: January 1, 2003 - Dece	January 15, 2004	1		
1, 2003 - Dece	ember 31, 2003		N.	
Report #1 — Due Augu	ist 31 2004		B 1	FILED
incumbents in an Office with a 4-year term incumbents in an Office with a 6-year term	Period: Jan. 5, 2001 — Au	g 26, 2004		
All others Ballot Advocacy Groups (BAGs) only:	Period: Dec. 20, 1998 — A Period: Jan. 1, 2004 – Aug	ug 26, 2004 26, 2004	JAN	2 7 2005
	Period: Dec. 5, 2002 - Aug	26, 2004	1195	
Report #2 Due Octob	Der 26, 2004	St	ECRETA	RY OF STATE
Report #3 Due	Period: Aug. 27, 2004 — O	ct. 21, 2004	FOR OFF	HY OF STATE
Janua - Janua	Period: Oct. 22, 2004 — De	in 34 2004		
AGs only:	Period: Oct. 22, 2004 - Dec	c. 5, 2004		
Annual Filing – Due Jan Period: January 1, 2004 – [ Third Report suffices for 2005 Ann	nuary <b>15, 2005</b> December 31, 2004 nual Filing if candidate als	o filed Report Nos. 1 an	nd 2	
CONTRIBUTIONS	Clients a mag			Cumulative
SHITTING HONS	SUMMARY			From Beginning of Report Period
		т	his Period <sup>3</sup>	f1 through End
1. Total Monotony Contributions D			j.	Reporting Period
1. Total Monetary Contributions Re				Ö
2. Total Monetary Contributions Re-	ceived of \$100 or Less			8
	This Period	Cumulative From		
		Beginning of Report Period #1		
		Through End of This Reporting		
3. Total Amount of Monetary Cont Received	tributions	Period		
(Add Lines 1 and 2)			0	-0
Total Value of in Kind Contribution     Excess of \$100	ns Received in	+ $-$		<del></del>
	<del>_</del> .			
	EXPENSES SU	IMMARY		
<ol><li>Total Monetary Expenses Paid in E</li></ol>	Excess of \$100		1	0
6. Total Monetary-Eybonesis Daid at 6	100 1	<del></del> -	<del>\</del>	<del>-</del>
(Add Lines 5 and 6)	penses Paid		0 6	<del>)</del>
Total Value of In Kind Expenses in I     of \$100	Excess	10 -		<del></del>
<del></del>				
		•		
4		•		
	AFFIRMATI	ON		
lare Under Penalty of Perjury That th	e oregoing is True and Co.	rrect.	/	•
U : <b>A</b>	·	$\sim 2$	/ .	
KW (1 //10	151	V V/( nan.	1/ 1/1/	$\Delta \sim 10^{-1}$
kma //	<u>150</u>	Vone	WW	W1-17

ĩ

CAMPAIGN CONTRIBUTIONS	Report Period # 3
Name (print)  Name (print)  Office (if applicable)	020 Assembly DIST. 28 District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
0	6	-2.	0
A		1	
			>
			1
	(-)		
1			
0		$\longrightarrow$	
$\rightarrow$			

This page may be copied or duplicated if additional space is needed.

EL201.doc Revised: Jan-04 PAGE\_\_\_\_OF\_\_\_

Name (print) Ma

Office (if applica

District (if applicable)

## **Expense Categories**

CATEGORIES	
	CODE
Office expenses	А
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

Revised: Jan-04

PAGE\_\_\_\_OF\_\_\_

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

23

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
•			
B	0		
0			

This page may be copied or duplicated if additional space is needed.

EL201.doc

Rev: JUL-03

PAGE\_\_\_ OF

## IN KIND CONTRIBUTIONS AND EXPENSES REPORT

## IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

P	AGE	<u> </u>	 OF	:	

IN KIND CAMPAIGN CONTRIBUTIONS				Daniel		
A LMa Name (print)	KOSA	Mente	7/1	Report Period # 2		2 0
riane (priit)		Office (if applicable)	COL	District (if applicable	_	28
		IN KIND				

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
	-()	0		
	0			
			X	
	0			5
	0			
	0			
	0			
	2		0	
	-			
		7		
+)+		Y		

This page may be copied or duplicated if additional space is needed.

Revised: Jan-04 PAGE\_

EL201.doc

OF\_

IN KIND CAMPAIGN EXPENSES	$\triangle$	10. 1	Report Period #	
Name (print)	NO54	Office (if applicable)	District (if applicable)	28

## **IN KIND**

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF	<del></del>		
PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
0	7		7
	A (		
			6
	2	) (	
		1	
	1		
	1		
	<i>j</i>		

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

EL201.doc

Revised: Jan-04

PAGE\_\_\_\_OF\_\_